

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, Baltimore,

Permit No. A 311 Office of Registrar of Vital Statistics. Ward 13<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert McCullagh Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 6 Months, 23 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Boston, Mass.

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 105 Scott St.

Cause of Death, { First (Primary), Diarrhoea  
Second (Immediate), "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11, 1887 H. Christian M. D.

Undertaker, Ernst Schlosser

Medical Attendant.

Place of Business, 1039 Hanover Street, 1821 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

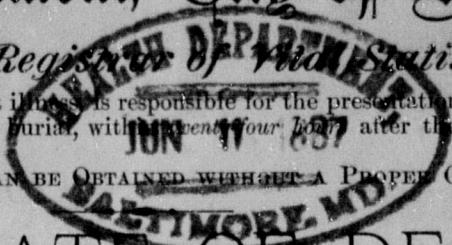
Permit No. **A 312**

Office of Registrar of Vital Statistics.

Ward **4<sup>th</sup>**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



**BALTIMORE, MD.**

## CERTIFICATE OF DEATH.

Date of Death, **June 9 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Thomas W. Delcher**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **10 Years**, 11 Months, Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation, **School Boy**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore, **Lifetime**

Place of Death, { Give Street and Number. } **John Falls Foot of State Street**

Cause of Death, { First (Primary), **Accidental drowning** }  
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Gowans town Blawny**

Date of Burial, **June 11 1887**

Undertaker, **Cas P Byrne**

Place of Business, **Front St**

**Edwall Rutledge M. D.**

Medical Attendant

**Cotton**

Address, **403 A Broadway**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department of Baltimore.

Permit No. **A 313**

Office of Registrar of Vital Statistics.

Ward

**18<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

**June 10<sup>th</sup> 87**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

**Walter Neal**

Sex, Male or Female, { Cross out the word not required in this line. }

**Male**

Age, Years, **21** Months, Days.

Color, **Yellow**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation, **None**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give Street and Number. } **206 W. Cross Street**

Cause of Death, { First (Primary), **Mal Nutrition** Second (Immediate), **Diarrhoea** }

Duration of Last Sickness, **three days**

All the above information should be furnished by the Physician.

Place of Burial, **Sharp St. Cemetery**

Date of Burial, **June 11 87**

Undertaker, **Borrell & Handy**

Place of Business, **416 Cross St**

**James Atteray**

**M. D.**

Medical Attendant

Address, **Curr off St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

**[OVER.]**

**H. C. Seward, S. J.**

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# Health Department, City of Baltimore.

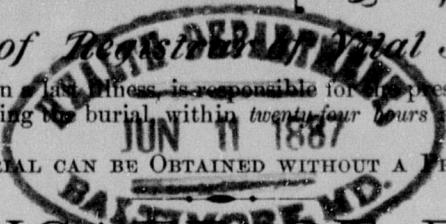
Permit No. **A 314**

Office of ~~Registrar~~ Vital Statistics.

Ward **609**

The Physician who attended any person in his sickness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, **June 10<sup>th</sup>**

Full Name of Deceased, **Phorbo Paine** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, **Male** or Female, { Cross out the word not required in this line. }

Age, **78** Years, **Nine** Months, **—** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **✓**

Occupation, **None**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Don't know**

Duration of Residence in the City of Baltimore, **about 37 years**

Place of Death, { Give Street and Number. } **1606 Jefferson St.**

Cause of Death, { First (Primary), **Rheumatism with paroxysms**, Second (Immediate), **Insanity.** }

Duration of Last Sickness, **Don't know**

All the above information should be furnished by the Physician.

Place of Burial, **At Burial via Philadelphia**

Date of Burial, **June 13 1887**

Undertaker, **W. A. Kelly**

Place of Business, **301 Lombard Street**

**Z. K. Kelly**

**M. D.**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited.

## Board of Health, City of Baltimore, 16

Permit No. A 315



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twelve hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Francis P. M. Fadden

Sex, Male Female { cross out the word not required in this line. }

Age, 42 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Stonecutter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

811 George

Cause of Death, { First, (Primary) }

Bright's Disease

Second, (Immediate)

Pericardial Dropsey

Duration of last Sickness,

About 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 13<sup>th</sup> 1887

Henry Chaudler, M. D.

Medical Attendant.

Undertaker, M. Calofan

Place of Business, 229 N. Calvert St. Address, 1019 Linden Ave.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 316** Office of Registrar of Vital Statistics. Ward **17**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Harris

Sex, Male or Female, { Cross out the word not } Female

Age, 34 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not } Single { required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, { Give Street and Number. } 332 Winder St.

Cause of Death, { First (Primary), Typhomalarial Fever, Second (Immediate), Peritonitis }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Batav Hill Cemetery

Date of Burial, June 13<sup>th</sup> 1887

{ Undertaker, Julius Kochler }

Robert S. Lowe M. D.

Medical Attendant.

{ Place of Business, Sharp & Cross, Address, 1019 Liggett St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 317 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 11. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Coronan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 84 Years, Months, 1 Days.

Color, white

Married Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 31 North Av.

Cause of Death, {First (Primary), Second (Immediate),} Croupous Pneumonia

Duration of Last Sickness, About 4 days

All the above information should be furnished by the Physician.

Place of Burial Friedland Grounds

Date of Burial, June 13<sup>rd</sup> 1887

Undertaker, Stewart & Moan

M. D.

Medical Attendant.

Place of Business, 215 & 217 Parkton Address, 605 Cathedral St  
or Boundary and Parkton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 318 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Benjimen Carter  
M. Lee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, — Months, ✓ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Page Co. Virginia

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give Street and Number. }

City Hospital

Cause of Death, { First (Primary),  
Second (Immediate), }

Chronic Bright's Disease  
Oedema Brain

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, G. Public

Date of Burial, June 17<sup>th</sup> Emmerle Stuart M. D.

Undertaker, Mrs. Richardson Res'd & Attendant in

Place of Business, Health Dept Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 319**

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 12<sup>th</sup> 1887,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Geo W. Bollman,

Sex, Male or Female, { Cross out the word not required in this line. }

Male,

Age, { Years, }

Months,

5,

Days

Color,

White,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balt. City,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life,

Duration of Residence in the City of Baltimore,

1622 Abbott St.

Place of Death, { Give Street and Number. }

Tetanus Neonatorum

Cause of Death, { First (Primary),  
Second (Immediate), }

Exhaustion

24 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

June 13<sup>th</sup> 1887

Undertaker,

A. Finnigan

Place of Business,

915 E. Fayette

Address, 920 E. Broadway

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 329 Office of Registrar of Vital Statistics. Ward 8\*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10<sup>th</sup> 1907

Full Name of Deceased, Rose E. Haulon Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age, 57 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birth Place, Ireland State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, 929 Valley St

Cause of Death, Macaria - pneumonia -  
Exhausting

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 13<sup>th</sup>

Undertaker, H. C. Wiedefeld

Place of Business, 916 Greenmount Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]